

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name <u>Office of Councilmember Paul Perez</u>		Date Stamp 15 OCT 27 PM 12:00	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>District 3</u>			
Designated Agency Contact (Name, Title) <u>Patricia Ceja</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>408-535-4929</u>	E-mail <u>patriciaceja@sanjoseca.gov</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 98.00

Event Description Disreyon Ice Date(s) 10/16/15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: _____
Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Sacred Heart</u>	<u>24</u>	<u>Recognition</u>

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Paul Perez
Councilmember
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____